YOUTH SERVICES DEPARTMENT OF CORRECTIONS



STEVE GIBSON. DIVISION ADMINISTRATOR

STATE OF MONTANA

1539 11th Avenue PO Box 201301 Helena, MT 59620-1301 TELEPHONE: (406) 444-0851 FAX: (406) 444-0522

, Juvenile Parole Officer

_	Honorable adicial District			
RE:	Notice of Intent to seek Discharge of , Caus of Corrections.	se# f	rom the Dep	artment
Dear Judge ,				
The above named youth was committed to the care and custody of the Montana Department of Corrections until age or sooner discharged, by the Judicial District Youth Court on , for the offense(s) of .				
I am recommending to the Director of the Department of Corrections that be granted a discharge from the care and custody of the Department for the following reasons:				
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Please find attached the Request for Discharge of Youth from Department Custody and Supervision and the Court Order pertaining to this offender. The discharge request will be forwarded to the Director of the Department.				
Respe	pectfully Submitted,			